

VA Cancer Care Collaborative Survey: Primary Care Module**Job title (Check all that apply)**

- ☐ Chief, Primary / Ambulatory Care
- ☐ Physician
- ☐ Other (specify): _____

The first questions are about the colorectal cancer screening clinical reminder used at your facility.

1. Does your facility's colorectal cancer screening clinical reminder ask about contraindications?

- ☐ Yes
- ☐ No – **GO TO QUESTION 2**
- ☐ Don't know – **GO TO QUESTION 2**

**1a. Which of the following contraindications are asked about in the reminder?
(Check all that apply)**

- ☐ Life limiting comorbidities/limited life expectancy
- ☐ Health issues that increase risk of complications of colonoscopy
- ☐ Recent colonoscopy
- ☐ Patient not willing to undergo colonoscopy if screen is positive
- ☐ Other (specify): _____

The next questions are about positive FOBT notification and referral procedures.

2. How are providers in your primary care program notified of a POSITIVE FOBT lab result? (Select One)

- ☐ Mandatory view alert (i.e., cannot be turned off by the provider)
- ☐ Enabled view alert (i.e., can be turned off by the provider)
- ☐ Other (specify): _____
- ☐ Don't know

3. Does your primary care program have a policy regarding how quickly providers refer patients with positive FOBT lab results for colonoscopy?

- ☐ Yes
- ☐ No – **GO TO QUESTION 4**
- ☐ Don't know – **GO TO QUESTION 4**

3a. Within how many days are providers expected to refer to colonoscopy? _____

4. Do primary care providers receive feedback about the amount of time it takes them to refer patients with positive FOBT results for colonoscopy?

- ☐ Yes
- ☐ No – **GO TO QUESTION 5**
- ☐ Don't know – **GO TO QUESTION 5**

4a. How are primary care providers given this feedback? (Check all that apply)

- ☐ Individualized information at provider level
- ☐ Aggregate information at the team or clinic level
- ☐ Aggregate information at the facility level
- ☐ Other (specify): _____
- ☐ Don't know

4b. Approximately how frequently are primary care providers given this feedback? (Select One)

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (specify): _____
- ☐ Don't know

5. How are patients seen in your primary care program typically first notified of a positive FOBT result? (Select One)

- ☐ Letter from primary care clinic
- ☐ Letter from GI clinic
- ☐ Phone call from primary care or GI clerk
- ☐ Phone call from primary care or GI nurse
- ☐ Phone call from primary care or GI provider
- ☐ Email or secure messaging
- ☐ Other (specify): _____
- ☐ Don't know

6. Does your Primary Care program use a consult template for referrals to Gastroenterology for follow-up of positive FOBT results?

- ☐ Yes
- ☐ No – **GO TO QUESTION 7**
- ☐ Don't know – **GO TO QUESTION 7**

6a. Which of the following items are included in the template? (Check all that apply)

- ☐ Anticoagulant use
- ☐ Anti-platelet use
- ☐ Diabetic
- ☐ Anemia/Iron deficiency
- ☐ Life expectancy or comorbidities related to life expectancy
- ☐ Previous colonoscopy results
- ☐ Physical/cognitive impairments that would make difficult to follow prep instructions
- ☐ Lab values
- ☐ Other (specify): _____
- ☐ None
- ☐ Don't know

7. Which of the following types of feedback do primary care staff receive from Gastroenterology / Endoscopy about the appropriateness of their colonoscopy referrals? (Check all that apply)

- ☐ Electronic communication to referring provider (e.g., to explain why referral request was cancelled)
- ☐ Phone call to referring provider (e.g., to explain why referral request was cancelled)
- ☐ Aggregate feedback provided periodically to the primary care team, clinic, or service
- ☐ Other (specify): _____
- ☐ No feedback provided
- ☐ Don't know

The next question is about tracking procedures related to FOBT follow-up.

8. Has your PRIMARY CARE PROGRAM assigned anyone the responsibility of tracking what happens to patients with positive FOBT results? (Select One)

- ☐ Yes – a single person has been assigned this responsibility
- ☐ Yes – this responsibility is shared by multiple individuals
- ☐ Yes – other (please explain): _____
- ☐ No – **GO TO QUESTION 9**
- ☐ Don't know – **GO TO QUESTION 9**

8a. Which of the following outcomes does this person/s track for patients with positive FOBT results? (Check all that apply)

- ☐ Whether patient was referred to colonoscopy
- ☐ Whether patient refused colonoscopy
- ☐ Whether patient chose to have a non-VA colonoscopy (i.e., colonoscopy at a location that would not be reimbursed by the VA)
- ☐ Date onsite colonoscopy completed
- ☐ Date fee basis or contract colonoscopy completed
- ☐ Date non-VA colonoscopy completed
- ☐ Results of onsite colonoscopy
- ☐ Results of fee basis or contract colonoscopy
- ☐ Results of non-VA colonoscopy
- ☐ Other (specify): _____
- ☐ Don't know

8b. Approximately how frequently does this person/s check these outcomes? (Select One)

- ☐ As needed on an ongoing basis
- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Other (specify): _____
- ☐ Don't know

8c. How is the information that is tracked used? (Check all that apply)

- ☐ For reporting the quarterly Colorectal Cancer Diagnosis Monitor data
- ☐ For assuring that all patients with +FOBT results receive appropriate follow-up
- ☐ For assuring all referred colonoscopies are completed in a timely manner
- ☐ For assuring results of fee basis and/ or off-site colonoscopies are documented
- ☐ Other (specify): _____

8d. Does this person/s track these outcomes for CBOC patients with positive FOBT results?

- ☐ Yes
- ☐ No
- ☐ Don't know

The last questions are about barriers and facilitators to providing timely follow-up for positive FOBT results.

9. Which of the following do providers in your primary care program receive from leadership for their performance on assuring TIMELY FOLLOW-UP OF POSITIVE FOBT RESULTS? (Check all that apply)

- ☐ Recognition for good performance
- ☐ Monetary rewards for good performance
- ☐ Counseling or reprimands for poor performance
- ☐ None of the above
- ☐ Don't know

10. How difficult has it been for your facility to provide timely follow-up for positive FOBTs (i.e., completing colonoscopy within 60 days of the positive FOBT results)? (Select One)

- ☐ Extremely difficult
- ☐ Very difficult
- ☐ Somewhat difficult
- ☐ Not at all difficult
- ☐ Don't know

11. Please rate each of the following potential barriers to providing timely follow-up for positive FOBTs, where 1 is not a barrier and 5 is a key barrier to providing timely follow-up for positive FOBTs.

	Not a barrier 1	2	3	4	Key barrier 5	Don't Know
a. Not a priority to leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Poor communication between GI and PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Poor communication between VA medical center and CBOC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of standardized tracking system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inappropriate use of FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Delayed referral to GI for positive FOBTs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Inappropriate use of colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Limited availability of onsite colonoscopy appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Patient cancellations/no shows for colonoscopy appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Poor patient prep/incomplete colonoscopy procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Insufficient colonoscopy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Insufficient colonoscopy space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Availability of fee basis colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 12. Do you have any other thoughts or concerns about the follow-up of positive FOBT results at your facility you would like to share with us?**

THANK YOU FOR COMPLETING THE SURVEY

Please return your completed survey in the provided postage paid envelope.